**Bursary Information**

The purpose of the bursary is to allow students to have access to information of particular value for research in their final year; for future clinical career decisions; for fostering inter-‐professional relations and patient care.

**Eligibility**

* Must be a Canadian citizen or resident
* Students in a Canadian audiology program attending their penultimate year of study (at the time of the meeting they will be attending and for which the travel bursary is being given)
* Canadian students who are studying audiology abroad, any year
* Non-audiology students who want to attend the conference if the award selection committee deems the application suitable. Some examples of non--audiology categories are: engineers focused on hearing instrument design; SLP students interested in audiology topics; ENT residents; and students studying psychoacoustics or the emotional impact of hearing loss.

**Application Requirements**

* Applicant must be a citizen or permanent resident of Canada
* Applicant must be enrolled in the Fall as a student in a career program
* Applications must include
	+ A short essay (500-­‐1000 words) explaining why attendance at the conference is of benefit to the applicant. The merit of the essay will be the method of selecting the successful bursary award winner.
	+ Estimated cost of transportation and accommodation.

**Essay Question: What Attendance at this Conference Means to Me**

All materials must be received by CAA by September 10, 2017

Send application, estimated cost of transportation and accommodation, and essay to: submission@canadianaudiology.ca.

|  |  |
| --- | --- |
| Name |  |
| Current Academic Institution |  |
| # of Years in Program (as of Fall) |  |
| Undergraduate Academic Institution |  |
| Mailing Address |  |
|  |  |
| Permanent Mailing Address (if different) |  |
|  |  |
| Daytime Phone Number |  |
| Evening Phone Number/Cell Phone |  |
| Email Address (personal) |  |
| Email Address (institutional) |  |

**Preferred Mode of Communication (please check all that apply):**

☐ E-­‐mail

☐ Phone

☐ Text

☐ Face-­‐to-­‐face

☐ Facebook

☐ Twitter

☐ Other:

**Clinical Interests (please check all that apply):**

☐ Audiologic Diagnostic Assessments

☐ Vestibular Assessments and Rehabilitation

☐ Hearing Aid Selection, Fitting and Management

☐ Pediatric Testing

☐ Cochlear Implants

☐ Tinnitus Assessment and Treatment

☐ Electro physiologic Testing

☐ Auditory Processing Assessment and Treatment

☐ Industrial Testing

☐ Intraoperative Monitoring

☐ Hearing Conservation

☐ Aural Rehabilitation

☐ Assistive Listening Devices

☐ Implantable Hearing Aids

☐ Other:

**Preferred Professional Setting (please check all that apply to indicate the type of setting/role that you see yourself in for the future):**

☐ Private Audiology Practice Owner

☐ Private Audiology Practice Employee

☐ Clinic (non-­‐profit)

☐ VA or Military Hospital/Clinic

☐ NT Practice

☐ Hospital

☐ K-­‐12 School System

☐ Industrial Audiology Practice

☐ Manufacturer/Industry

☐ University (Faculty)

☐ University (Clinician)

☐ Multi-­‐Specialty Medical Practice

☐ Other:

**Preferred Geographic Setting (please check all that apply):**

☐ Urban

☐ Suburban

☐ Rural

☐ International

**Do you believe in Professional Autonomy for Audiologists?**

☐ Yes

☐ No

☐ Unsure

***Optional questions***

**What do you hope to learn at the CAA Conference?**

**Please explain your vision for the future of audiology.**

*By signing below, I attest that all the information contained in this application is correct.*

Printed Name of Student:

Signature of Student:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_